

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

## FLUNG DATE

**APPUCAMENTS**

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**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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50						
TOTAL IND.	24					
TOTAL DEP.	25	←	←	←	←	←
TOTAL CLAIMS	49					

CLAIMS						
	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						